PTO/SB/17 (01/06)
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PAP 450 FEB 0 3 2010 W

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

JOTAL AMOUNT OF PAYMENT (\$) \$180.00

	Complete if Known	
Application Number	10/591,556	
Filing Date	August 31, 2006	
First Named Inventor	Jun Li	
Examiner Name	Michael W. Chao	
Art Unit	2442	
Attorney Docket No.	PU030221	

CUCTOMED NUMBER, 04400							
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
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Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICE For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							CENSING LLC
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FEE CALCULATION	(All the fee	s below are due	upon filing o	r may be subject to	a surcharge.)		
1. BASIC FILING, SE			N FEES				
	FILING	FEES Small Entity	SEA	RCH FEES Small Entity	EXAMINA	ATION FEES Small E	ntitu
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	<u>1 σε (ψ)</u> 150	500	250	200	100	rees raid (\$)
Design	200	100	100	50 50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	000	0	
FIOVISIONAL	200	100	U	U	U	U	· · · · · · · · · · · · · · · · · · ·
2. EXCESS CLAIM F	EES					Small E	<u>Entity</u>
Fee Description Fee (\$)							Fee (\$)
Each claim over 20 (including Reissues) 50							25
Each independent claim over 3 (including Reissues) 200							100
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent							180 ant Claims
							Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Independent Claims							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra St	<u>neets</u> <u>Nu</u>	ımber of each	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
100 = / 50 = (round up to a whole number) x =						_ =	
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)						- σσσ τ αισ (ψ)	
Other (e.g., late filing surcharge):INFORMATION DISCLOSURE STATEMENT FEE: \$180.00					\$180.00		
-						4.55.00	

SUBMITTED BY

Name (Print/Type)

ROBERT BLEVY

Registration No. (Altowns//Agent)

Signature

Registration No. (Altowns//Agent)

28,234

Telephone

(609) 734-6820

February 1, 2010

This collection of information is required by 37 F.P.1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.R. (37 his collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual-case. Any comments on the amount of time you require to marklor suggestions for reducing this burden, should be sent to the Chef Information Officer, U.S. Patenti and Trademark Office, U.S. Department of Commerce, P.O. 80x 1450, Alexandria, VA 22313-1450. DO NOT SEND TEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 Upon the disciplination in completing the form, call 1-800-PTO-9199 and select option 2.

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Deposit Account: Deposit Account Number 07-0832 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
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Each independent claim over 3 (including Reissues) 200							25 100	
Multiple dependent claims 360							180	
Total Claims						ent Claims		
- 20 or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.							Fee Paid (\$)	
Independent Claims - 3 o	<u>Ex</u> r HP =	tra Claims	<u>Fee (\$)</u> x	Fee Paid (\$)				
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Other (e.g., late filing surcharge):INFORMATION DISCLOSURE STATEMENT FEE: \$180.00						\$180.00		

SUBMILLED BY						
Name (Print/Type)	ROBERT B. LEVY	Registration No. (Attorney/Agent)	28,234	Telephone	(609) 734-6820	
Signature					February 1, 2010	

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